

HIV EDUCATION AND PREVENTION SERVICES BRANCH

New drug therapies continue to improve the quality of life for many people living with HIV/AIDS; however, education and prevention remain the most effective tools for stopping the epidemic. The Office of AIDS collaborates with local health jurisdictions, community-based organizations, service providers, advocacy organizations, universities, and other state and federal agencies to develop and implement focused HIV prevention programs. The primary goals of the HIV prevention programs are to:

- Prevent HIV transmission;
- Change individual attitudes about HIV and risk behaviors;
- Promote the development of risk reduction skills; and
- Change community norms that may sanction unsafe sexual and drug-taking behaviors.

The Office of AIDS' HIV Education and Prevention Services Branch consists of four sections: 1) HIV Community Prevention; 2) HIV Counseling, Testing and Training; 3) HIV Prevention Policy and Program Development; and 4) HIV Prevention Research and Evaluation.

I. HIV Community Prevention Section

a. California AIDS Clearinghouse

The California AIDS Clearinghouse (CAC) is the Department of Health Services, Office of AIDS repository and distribution resource center for HIV/AIDS Education and Prevention, HIV Counseling and Testing, and the California AIDS Prevention Campaign materials. Additionally, CAC provides access to health education information services and technical assistance on communicating health education messages through materials development. Annually, the Clearinghouse publishes a HIV/AIDS resource directory - a comprehensive guide to California HIV/AIDS Education and Prevention, HIV Counseling and Testing, Early Intervention, AIDS Drug Assistance, AIDS Case Management and Medi-Cal Waiver Programs. The California AIDS Clearinghouse Web site is (<http://www.hivinfo.org>).

b. Statewide Community Planning Process

In 1999, the California HIV Planning Group (CHPG) completed its first year as a merged working group addressing education, prevention and care issues statewide. The CHPG is composed of people living with HIV/AIDS, community advocates, public health officers and representatives from communities of color.

The *California HIV Prevention Plan* is used by the CHPG as a blueprint for implementation of local education and prevention programs. In 1999, the Group also considered newly emerging issues such as hepatitis C and Post Exposure Prophylaxis (PEP). The Resource Allocation Committee of the CHPG was actively involved in making recommendations to the Office of AIDS regarding funding allocations for HIV/AIDS services for communities of color.

In collaboration with the Universitywide AIDS Research Program, the Office of AIDS developed a 5-year strategic plan for evaluating the CHPG. In 1999, the first year evaluation was completed, which assessed member satisfaction with the CHPG process. The response to the CHPG's merged planning efforts was overwhelmingly positive and enthusiastic. During the upcoming year, evaluation work will focus on support for community planning at the local level.

c. Local HIV Prevention Community Planning

Local health jurisdictions have organized to form Local Planning and Implementation Groups, comprised of health department staff, representatives from community-based organizations, and advocates from the communities served. Each group developed a local HIV prevention plan as a blueprint for implementing local education and prevention programs. This process has strengthened the partnership and collaboration between the public and private AIDS sectors in an ongoing effort to prevent HIV transmission in California. The Office of AIDS continues to provide local health jurisdictions with guidance and time lines for planning activities to assess the implementation of their HIV prevention plans and to measure the progress and success of their local planning groups. Office of AIDS staff provide technical assistance to local health jurisdictions and local planning and implementation groups to help them implement their local HIV prevention plans and address new requirements for ongoing community planning. In late March 2000, local planning groups will have the opportunity to showcase their local prevention plans at the National Community Planning Leadership Summit for HIV Prevention.

d. Multicultural Liaison Board

The Office of AIDS established the Multicultural Liaison Board (MLB) in September 1991 to promote cultural awareness and offer advice regarding needs and barriers to providing HIV/AIDS education and prevention services to communities of color. The MLB develops recommendations and policies for providing effective education, prevention, and care and treatment services for people of color infected and affected by HIV/AIDS. Currently the MLB is composed of twelve members representing the African American, Asian/Pacific Islander, Latino/a and Native American communities.

Accomplishments of the MLB include:

- Developing a linkage to local implementation groups and the local health department;
- Guiding programmatic development pertaining to implementation policies and programs for people of color;
- Developing and disseminating the document "*Frameworks for Change*," which outlines needs of people of color; and
- Instituting a needs assessment pilot project for African American women in San Diego County.

Future goals of the MLB include:

- Strengthening linkage between the CHPG by adding an MLB-appointed seat to the CHPG board;
- Continuing in a strong advisory capacity to the Office of AIDS
- Continuing to be an integral part of the CHPG and reaching out to constituents;
- Collecting, analyzing and disseminating results of the pilot project
- Instituting needs assessment pilot projects for Native American, Asian/Pacific Islander and Latino/a populations.

e. Education and Prevention Program Funding

As a result of the statewide *California HIV Prevention Plan* and the implementation of HIV Prevention Community Plans, the Office of AIDS awarded education and prevention funds to all 61 health jurisdictions in California. Of the 61 health jurisdictions, five northern California counties have formed two separate regional local implementation groups. Local implementation groups are comprised of representatives from local health jurisdictions, community-based organizations, and affected or infected members of the community they serve.

The following six were identified as priority target populations for local community planning:

- Substance users and their sex partners;
- Gay and bisexual men of all ages and ethnicities;
- Sex industry workers;
- Youth and adolescents;
- People of color; and
- Transgender/transvestite individuals.

The Office of AIDS allocated more than \$17 million in education and prevention funds in FY 1999-00 as follows:

- \$50,000 baseline funding to 17 rural local health departments to continue implementing their education and prevention services; and
- \$16.2 million to maintain the current level of funding for local health departments providing education and prevention services based on their local community planning process.

The Office of AIDS, HIV Education and Prevention Services Branch contracts with California State University, Long Beach (CSULB), Center for Behavioral Research and Services to provide technical assistance to local health jurisdictions/local implementation groups for outreach, behavioral intervention training and studies of new HIV testing technologies. CSULB has a diverse pool of consultants, trainers, and staff that work collaboratively with the Office of AIDS, HIV Education and Prevention Services Branch to plan, implement, and evaluate individual programs, and HIV/AIDS education and prevention services in California.

The Office of AIDS received funds from the Budget Act of Fiscal Year 1999/00 to develop and expand HIV education and prevention services for women, people of color, high-risk youth, and high-risk MSM. Funds were distributed to Local Health Departments in a variety of methods, as part of the state's ongoing commitment to continually adapt and/or develop programs and services to meet the changing needs and priorities of the epidemic.

- Based on a formula developed by the Resource Allocation Committee of the CHPG, a total of \$2 million was allocated to 20 local health departments (LHD) for services to communities of color. The formula awarded funds to LHDs based

on the number of recently diagnosed AIDS cases in people of color and an overrepresentation of AIDS cases in people of color when compared to the general population.

- The Office of AIDS released four high-risk initiative Request for Applications (RFA), totaling \$4.35 million, for HIV/AIDS-related services for women, people of color, high-risk youth and MSM. Program implementation is targeted for early 2000.
- A portion of the FY 1999/00 funds was made available to LHDs on a one-time basis for special expenditures that target the identified populations. Examples of these expenditures include outreach materials, social marketing events, mobile vans, needs assessments and/or updating epidemiologic profiles.

f. School-Based Health Education

State law requires schools to provide HIV/AIDS prevention instruction at least once in junior high or middle school and once in high school, unless the parent or guardian requests the pupil not attend. The Office of AIDS has an interagency agreement with the Department of Education to provide a school-based program using a variety of components to provide HIV/AIDS prevention education. One component is the Positively Speaking Program, which trains people with HIV/AIDS to give classroom presentations. Another component awards grants to California school districts to implement an education and prevention program in partnership with a community-based AIDS organization or local health department. In FY 1999-00, there were 35 grant recipients.

Additionally, the Healthy Kids Resource Center provides educational materials for free loan to educators to assist in establishing comprehensive health education programs. The Center publishes a catalog of available materials, organized by area of interest and grade level (<http://www.hkresources.org>).

g. Community Health Outreach Worker Training

The Office of AIDS contracts with the Institute for Community Health Outreach (ICHO) to train community health outreach workers (CHOWs) for Office of AIDS education and prevention contractors. CHOWs provide health education services to high-risk populations such as injection drug users, their sexual partners and high-risk youth. ICHO has trained over 2,000 people from more than 200 agencies throughout the world and their training has become an international model for this type of outreach intervention.

To meet community needs, ICHO continually expands the scope of its training, developing innovative health education strategies for outreach to MSM (gay-identified or not), women of childbearing age, sex industry workers, injecting and non-injecting drug users, runaways, gang members, the homeless, immigrant workers, transsexuals, transvestites, and communities of color. All ICHO trainings emphasize multicultural competence in serving clients of different sexual orientations and racial/ethnic origins.

II. HIV Counseling, Testing and Training Section

a. HIV Latino Symposiums

In 1998, the Office of AIDS held two Statewide Latino Symposiums planned by a committee composed of Office of AIDS staff, community-based organizations and local health department representatives, and attended by approximately 200 people. The purpose of the symposiums was to bring together HIV service providers to develop appropriate education and prevention strategies to successfully prevent HIV/AIDS in the Latino community.

In 1999, the Office of AIDS began preparations for a third and final symposium to be held in 2000. During this symposium, implementation policies will be developed from the recommendations that were prioritized in the report, *Findings on the Rural and Urban HIV Latino Symposiums*. These policies will be used to assist counties in upgrading their local HIV plans and for program funding purposes at the local, state and federal levels.

b. HIV Counseling and Testing Program

This program provides free anonymous and/or confidential HIV antibody counseling and testing services to Californians with perceived risk for HIV. As of FY 1999-00, the Office of AIDS, HIV Counseling and Testing Program annually distributed approximately \$7 million in state and federal funds to 61 local health departments, rural primary care clinics, and Indian health clinics. In 1999, 210,000 HIV tests were conducted in one of the 700 publicly funded clinic settings. Both anonymous and confidential HIV counseling and testing services provide client-focused prevention counseling and assessment of client needs regarding: 1) HIV transmission; 2) personal risk behaviors; 3) risk reduction planning; and 4) referral to other services. During the counseling session, risk information is collected on a standard reporting tool and is submitted to the state. The information is used as a basis for data collection, program development and program reimbursement. Client counseling and testing services are provided on a voluntary basis and are primarily free.

c. HIV Prevention Counselor Training

The purpose of the HIV Prevention Counselor Training is to provide a high standard of counseling services at all Department of Health Services, Office of AIDS-funded HIV test sites. The training program ensures that HIV Prevention Counselors that provide counseling sessions to at-risk clients have the opportunity to gain the necessary skills to ensure consistent assessment, effective intervention and appropriate referrals. Our goal is to train counselors to provide high-quality, client-centered HIV prevention counseling. The HIV Prevention Counselor Training is a seven-day course delivered in two separate trainings, Basic I and Basic II.

The Basic I is a five-day course with a focus on introduction to client-centered counseling skills relating to risk assessment, risk reduction, counseling guidelines and cultural issues. Basic HIV/AIDS information, state HIV legislation and policy, HIV testing procedures and HIV epidemiology are also included.

The Basic II is a two-day course that is required for all counselors who have successfully completed Basic I. The focus of this training is on enhancing skills in conducting client risk and needs assessments with emphasis on behavior change models, risk reduction planning and secondary risk factors for HIV infection (e.g. social, cultural, economic, psychological).

Successful completion of the Basic I and Basic II results in full certification as an HIV Prevention Counselor and authorizes the counselor to provide HIV prevention counseling services for a period of one year. All counselors are required to annually participate in Continuing Education Training (CET) in order to maintain certification as an HIV Prevention Counselor. The one-day CET classes address various topics designed to enhance specific skills of experienced counselors.

d. Outreach to High-Risk Groups

The Neighborhood Interventions Geared to High-risk Testing (NIGHT) Outreach program provides services in 21 LHDs. Most of the participating LHDs use the indigenous leader model, where outreach workers are former members of the communities in which they work. Outreach workers provide education, counseling, HIV testing, referrals and follow-up services in venues where high-risk populations congregate (streets, bars, parks, etc.). The most effective programs use one-on-one interactions between outreach workers and the at-risk individuals.

Mobile HIV testing clinics are used primarily in areas where there is rapid emergence of new HIV outbreaks and where individuals who engage in high-risk activities are found. These large mobile health clinics also offer STD and tuberculosis screening. Seven of the 21 participating LHDs operate large mobile vans. Additionally, 12 LHDs use smaller retrofitted commercial vans for HIV counseling in outreach setting. The smaller vans provide a place where counseling can occur in a private, confidential setting.

e. Prevention of Perinatal Transmission of HIV Project

The HIV Education and Prevention Services Branch, in collaboration with the HIV/AIDS Epidemiology Branch and Leland Stanford Jr. University has developed a new perinatal project. Through state and federal funding, this project aims to increase the level of HIV education, counseling and testing offered to pregnant women.

In order to develop and assess an array of sociodemographically-diverse interventions, the project will involve a two-tiered strategy of needs assessment, followed by targeted perinatal service provision. Perinatal prevention assessment and service provisions will be targeted to five California counties that contain large urban, rural, or suburban communities and are composed of diverse socioeconomic and racial and ethnic populations. Counties participating in the project are Alameda, Los Angeles, Sacramento, San Diego and San Joaquin.

The project will consist of identification of access-poor populations, development of cultural and socially appropriate interventions, and dissemination and evaluation of these interventions. It will primarily be integrated into existing population-based active surveillance. The project will include focus groups and surveys of novel populations, such as women attending state-funded nutritional supplementation clinic sites, women in correctional facilities, female clients of substance abuse treatment centers, women in alternative high school educational programs and prenatal care providers in the target intervention counties. Materials developed as part of this project will be designed to bolster and enhance the efforts of health and service providers who have not been able to achieve the goal of offering HIV counseling and voluntary testing to all pregnant women in California. Local activities will be accomplished through program outreach staff.

f. Youth Drop In Centers

The FY 1999-00 budget included new funds targeting youth at high-risk for HIV infection. In 1999, the Office of AIDS solicited applications from LHDs for the augmentation, or development and implementation of a youth drop-in center program. A drop-in center is a small, store-front-style building located on an active pedestrian thoroughfare, near public transportation in a city. Its purpose is to provide prevention services in a private and comfortable manner to low-income youth at high-risk for HIV infection. A drop-in center is a neutral space where positive health maintenance is the primary objective.

Each LDH was encouraged to collaborate with an existing community-based organization with the capacity and programmatic expertise to provide risk reduction and prevention services to high-risk youth between the ages of 12 and 24. Funds totaling \$1,925,000 annually were awarded to Fresno, Humboldt, Imperial, Mendocino, Orange, San Diego, San Luis Obispo, Santa Clara, Santa Cruz and Shasta Counties. The Office of AIDS will provide technical assistance to these projects; as well as facilitate collaborations between counties.

III. HIV Prevention Policy and Program Development Section

a. California AIDS Prevention Campaign and Social Marketing Efforts

California AIDS Prevention Campaign

The year 1999 marked a transitional period for the award winning California AIDS Prevention Campaign, the HIV prevention social marketing program for the Office of AIDS. Building upon successful public relations and community marketing activities developed during the initial three-year campaign, the new multi-year effort created several new HIV prevention strategies. The campaign's focus is to encourage sexually active adolescents and young adults to adopt safer sex behaviors, and encourage Californians at greatest risk for contracting HIV to seek HIV counseling and testing.

The California AIDS Prevention Campaign, a multicultural public information campaign, complements local and national HIV prevention efforts. It is designed to be responsive to the needs of multi-ethnic audiences, particularly African American and Latino communities where HIV infection rates are disproportionately high. The campaign features peer-to-peer education, highlighting Californians affected by HIV/AIDS delivering personal messages about HIV prevention. The state funded multi-language California AIDS hotline number is incorporated into HIV/AIDS prevention messages and outreach materials.

Highlights of efforts for 1999 included the following:

- The innovative HIV prevention calling card campaign targeting individuals at greatest risk for HIV was implemented and expanded. Following the success of the pilot project in 1998, more than 125,000 new cards were produced and distributed in four different designs, including a Spanish language card. Press releases announcing the expansion of the program were produced and reported in several California newspapers. Prior to accessing ten minutes of free long distance telephone service, calling card users listen to HIV prevention messages about practicing safer sex or getting tested for HIV. The popular cards are used as outreach and incentive tools for HIV prevention education, and counseling and testing services. Program evaluations indicate a very high level of satisfaction with the calling card campaign.
- The Church Outreach Program designed to disseminate HIV prevention messages to the African American religious community through the use of an HIV awareness and prevention church ministry kit. A 15 member Statewide Church Advisory Board representing numerous denominations assisted in the development and review of the ministry kit, which is planned for release in 2000. The kit provides information about HIV/AIDS, the impact on the African American community and suggestions for incorporating prevention messages into sermons and ministries
- An interfaith kit consisting of a set of awareness and compassion tools was produced and distributed to HIV prevention programs working with various communities of faith. In addition to a call for compassion, the kits were promoted at the "Call to Oneness" interfaith conference launched on World AIDS Day, 1999.
- The "Rap It Up" Respect Yourself, Protect Yourself Rap Contest radio promotion was implemented during the summer in four urban California markets targeting sexually active adolescents and young adults. The promotions were designed to raise awareness and acceptability of condom use, and encourage listeners to call the California AIDS Hotline for more information about safer sex and HIV counseling and testing. The promotion collaborated with local retail partners and consisted of radio spots, live remotes, Web site hyperlinks, in-studio interviews, public service announcements (PSA) and promotional merchandise. Five dollars in value was received for every dollar purchased in on-air radio time. The promotion delivered more than 17 million gross impressions statewide, reaching large numbers of at-risk African American and Latino/a youth.

- In conjunction with National HIV Testing Day “alternative newspaper” ads were produced and placed in three California markets. The ads promoted HIV counseling and testing services and the California AIDS Hotline.
- Los Angeles County collaborated with the Office of AIDS for National HIV Testing Day in the production and adaptation of California AIDS Prevention Campaign transit advertising posters. The ads targeted at-risk African Americans and Latino/as and encouraged HIV testing through the promotion of early treatment.
- For National HIV Testing Day, Asian newspaper press releases were developed and placed announcing the availability of seven new Asian language brochures.
- A new Spanish television PSA that targets Latinas was produced featuring Cristina Saralegui of *The Cristina Show*.
- The concept for an innovative lowrider campaign concept targeting at-risk Latino youth and young adults was developed in 1999. The campaign, set to launch in Spring 2000, involves the lease of a restored Chevrolet (Bel Air model) that will be designed and painted with colorful HIV prevention messages. The car will be entered in various lowrider car shows throughout the state and will be displayed at key Latino events that attract young adult audiences. Collaborating local community-based AIDS service organizations will provide outreach and educational services in conjunction with the events.

Continuing public and media relations activities from previous years included:

- Statewide placement of television and radio PSAs in English, Spanish and Asian languages;
- Re-evaluation and refinement of the beauty salon outreach program serving African American women;
- Support for an HIV “Action Team” (cadre of campaign spokespersons for public appearances);
- Ongoing media relations promoting Office of AIDS programs and services utilizing milestone events such as World AIDS Day and National HIV Testing Day;
- Community marketing materials including lottery style educational scratcher and outreach cards, counter displays, posters and Spanish language materials targeted for migrant communities; and
- Technical assistance to local health departments and community-based organizations in social marketing, media relations and evaluation.

Local Social Marketing Efforts

Through a competitive Request for Applications process, select counties applied for a three-year funding cycle (beginning FY 1998-99) to create or enhance local social marketing efforts. Applicants were evaluated using criteria based on epidemiology including trends in HIV infection, sexually transmitted disease rates, new AIDS case data and effective/innovative proposals for reaching priority target audiences. Seven local health jurisdictions representing various regions across the state were funded. Each local health jurisdiction is developing and implementing culturally appropriate HIV prevention social marketing campaigns that include advertising, public relations activities and community marketing strategies. This approach follows the trend of local community planning and outreach efforts that emphasize targeted local strategies for high-risk individuals, and adds flexibility to develop specific products to reach those at greatest risk for contracting HIV.

b. Voluntary Partner Counseling and Referral Services

The purpose of the Office of AIDS Partner Counseling and Referral Services (PCRS) Program is to help ensure that the sex- and needle-sharing partners of HIV positive persons are informed of their potential risk, offered HIV prevention counseling services and referred to social and medical services as necessary. In 1999, the newly developed HIV PCRS Program became fully operational in five PCRS demonstration projects in the following health jurisdictions: the City of Long Beach and the Counties of Alameda, Sacramento, Kern and San Diego. Each of the five projects provide HIV partner consultation services in Counseling and Testing sites, Early Intervention Programs, and STD prevention and control programs.

In 1999, the Office of AIDS began the development of state guidelines that present CDC and Office of AIDS standards and recommendations for local program implementation of voluntary, confidential HIV PCRS. Additionally, the Office of AIDS developed and implemented anonymous reporting of HIV PCRS data. Data collection and analysis will enable the local and state programs to assure standardization in the delivery of PCRS services, promote quality counseling and referral systems, provide necessary data to federal legislators and funding sources and determine appropriate methods for statewide application.

Through an interoffice agreement with the Division of Communicable Disease Control, Sexually Transmitted Disease (STD) Control Branch, the Office of AIDS renewed a contract with the STD/HIV Prevention Training Center to provide PCRS training to local STD and HIV prevention staff. PCRS training materials are improved and updated on an on-going basis. Technical assistance, site visits and teleconferencing techniques are utilized to enhance a participant's initial

training experience. The PCRS training incorporates a client-centered counseling approach into traditional partner elicitation and follow-up skill building.

c. HIV Transmission Prevention Project (HTPP)

The Office of AIDS has provided HIV prevention information, education and interventions in a variety of ways for several years. Most education and information efforts have been directed toward the general population, specific target groups and/or persons accessing HIV Counseling and Testing sites. Additionally, Early Intervention Programs (EIP) have specifically focused prevention efforts on HIV-infected clients who are accessing care and treatment services, and their at-risk, HIV-negative partners and family members. Although these combined prevention efforts have been successful for some people, others have found the education messages and existing interventions insufficient to inspire and support sustained behavior change. Sustained behavior change can especially be complicated by factors such as substance use, mental disorders, language or cultural barriers, marginalized social status and homelessness.

The HIV Transmission Prevention Project (HTPP) is an Office of AIDS collaborative demonstration project established in 1999 to provide more intensive, specialized transmission prevention and support. The HTPP has two distinct segments: 1) interventions targeting HIV-positive, high-risk persons (funded through the CDC and coordinated by the Office of AIDS, HIV Care Branch), and 2) interventions targeting HIV-negative, high-risk persons (funded through state General Funds and coordinated by the Office of AIDS, HIV Education and Prevention Services Branch). Although these two segments are separately funded and have differentiated protocols and interventions, they are closely coordinated in order to share information, expertise, and resources and to facilitate participation of both HIV-positive and negative persons who are linked through family or other networks.

A total of 11 jurisdictions (10 EIP counties: Humboldt, Riverside, Fresno, Long Beach, Orange, Santa Barbara, Ventura, Los Angeles (King Drew), Santa Cruz and Santa Clara; and six Counseling and Testing jurisdictions: Humboldt, Butte, Riverside, Fresno, Long Beach and Orange) have been selected to participate in this three-year project. The sites were selected based on their willingness to participate in the project, the number of high-risk clients in their catchment areas, a statewide geographic distribution and client risk exposure (e.g., MSM and needle sharing). The project will be implemented in 2000.

Each HTPP site will hire a Risk Reduction Specialist(s) who must have professional training and appropriate experience, including a graduate degree in social work or psychology. The interventions used by the Risk Reduction Specialists will be based primarily on the CDC's prevention case management model, although differences will exist. For example, for HIV-positive clients, traditional case management will continue to be provided by the existing EIP social worker or case manager, and the client will continue to participate in all other components of the EIP including medical, health education and psychosocial. The Specialists will focus intensively and exclusively on transmission issues. For HIV-negative clients, prevention case management will be executed as outlined in the CDC guidelines, which includes traditional case management with a special emphasis on harm reduction.

The Office of AIDS will coordinate with experts in varied fields to provide training for Risk Reduction Specialists and site staff. Existing staff at EIP and Counseling and Testing sites will be trained to assess all clients to determine whether they may be defined as "high-risk," and eligible to be referred to the HTPP and a Risk Reduction Specialist.

An evaluation of the HTPP demonstration sites will be conducted by the University of California, Davis, Center for Health Services Research in Primary Care. The evaluator was selected through a RFA process and will be funded by state General Funds. The evaluation will measure the efficacy and utility of the program as well as explore client attitudes and opinions about the provided services.

d. Corrections Initiative

In 1999, the Office of AIDS awarded \$1.8 million (\$1 million CDC and Health Resources and Services Administration grant funding, and \$800,000 state General Funds) toward a cooperative agreement program for HIV prevention, intervention, and continuity of care within correctional settings and the community. The purpose of this program is to support demonstration projects within correctional facilities and the community that develop models of comprehensive surveillance, prevention and health care activities for HIV, STDs, tuberculosis (TB), substance abuse and hepatitis. The program will focus on persons in correctional settings that extend to the community upon their release.

The Corrections Initiative is a collaborative of the Office of AIDS; the City and County of San Francisco; Los Angeles County; the California Department of Corrections Peer Education, Parole, and Transitional Case Management programs; the California STD/HIV Prevention Training Center; and Centerforce (a community-based organization). The goals of the project are to:

- Promote awareness of HIV/STD/TB/hepatitis risk;
- Promote utilization of HIV testing, STD/TB/hepatitis screening and appropriate treatment;
- Initiate and sustain positive behavior change for pre- and post-release inmates with high-risk behaviors related to substance abuse and/or the transmission of HIV/STD/TB/hepatitis;
- Improve health status of pre- and post-release HIV-positive inmates by providing comprehensive educational and psychosocial services aimed at increasing access and use of HIV treatment therapies;
- Provide an intensive training program for service providers to ensure the provision of appropriate behavioral and clinical assessment, care and evaluation, in accordance with current guidelines;
- Improve the utilization of community health services by improving the transitional linkages between correctional facilities/programs and community-based care;
- Continue behavioral, epidemiologic and surveillance activities associated with the target population; and
- Reduce recidivism among the target populations.

As the project develops, services will be provided to local jail facilities in the City and County of San Francisco and in Los Angeles County. San Francisco's program will provide HIV-positive, high-risk negative and unknown serostatus inmates with transitional case management, peer advocacy, substance use counseling, money management, housing services and HIV/STD prevention services. San Francisco's program is an expansion and enhancement of an existing program involving the community-based collaborative organizations Forensic AIDS Project and Tenderloin Care. Los Angeles has the potential to mirror San Francisco's services, but will begin by identifying gaps in service through a needs assessment of their massive jail system. The community-based organization, Centerforce, working collaboratively with the Department of Corrections Peer Education, Parole and Transitional Case Management programs, will offer peer education, pre-release health education, and prevention case management services in up to six state prisons.

Upon completion, the outcome objectives of this three-year project will be evaluated by the Office of AIDS, HIV Education and Prevention Services Branch, HIV Prevention Research and Evaluation Section.

IV. HIV Prevention Research and Evaluation Section

This is a new section that was established with the reorganization of April 1999. This section is responsible for comprehensive behavioral HIV prevention research and evaluation, management information systems and service reporting. These activities will respond to the CDC mandate as embodied in its new HIV Prevention Evaluation Guidelines. The establishment of this section creates the infrastructure to provide formative, process, outcome and impact program evaluation capacity for HIV prevention planning, education and prevention, counseling and testing and training activities. It also consolidates Branch prevention research functions to strengthen their role and increase capacity. This section will be a visible point of contact, cooperation and coordination for HIV prevention research and evaluation among local providers, public health professionals and the universities. Enhanced prevention and program evaluation research enables OA to focus its efforts on the most effective strategies for the most impacted groups.